

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402457974

Date Received:

08/03/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10000

Name of Operator: BP AMERICA PRODUCTION COMPANY

Address: 1199 MAIN AVENUE SUITE 101

City: DURANGO State: CO Zip: 81301

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

1

Labowskie, Steve

SanJuanCOGCC@bp.com

steve.labowskie@state.co.us

Beebe, Sabre

sabre.beebe@bpx.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 695103003

Inspection Date: 07/22/2020

FIR Submit Date: 07/29/2020

FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY

Company Number: 10000

Address: 1199 MAIN AVENUE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 306873

Location Name: LEPLATT GAS UNIT B- Number: 11SWNE County: LA PLATA
N34N7W

Qtrqtr: SWNE Sec: 11 Twp: 34N Range: 7W Meridian: N

Latitude: 37.232514 Longitude: -107.602589

FACILITY - API Number: 05-067-

-00

Facility ID: 271492

Facility Name: LE PLATT B

Number: 1

Qtrqtr: SWNE Sec: 11 Twp: 34N Range: 7W Meridian: N

Latitude: 37.232514 Longitude: -107.602589

CORRECTIVE ACTIONS:

1 CA# 140795

Corrective Action: REMOVE NOXIOUS WEEDS COMPLY WITH RULE 1003.f.

Date: 07/29/2020

Response: CA COMPLETED

Date of Completion: 07/31/2020

Initial inspection received on 7/29/20 with due date of 7/29/20. a crew for weed removal was mobilized to location at the earliest availability to remove weeds. See attached.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective action for weeds complete as soon as a crew was available.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Sabre Beebe

Signed: _____

Title: Specialist

Date: 8/3/2020 11:03:48 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402457981	Weed removal completion
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Total Attach: 1 Files